



EMSC CONNECTION Newsletter

MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN

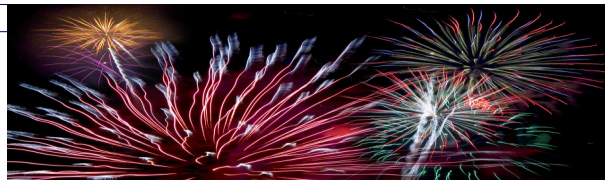
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EMS & Trauma Section
EMS for Children,
PO Box 202951,
1400 Broadway,
Room C314A,
Helena MT 59620

A word from the EMSC Program Manager:

Greetings!



The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.



We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

**THE RIGHT CARE AT THE RIGHT
PLACE AT THE RIGHT TIME WITH
THE RIGHT RESOURCES!**

Exciting news and events are

going

on this month.

See What's New!



WHAT'S NEW

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MONTANA'S PEDIATRIC READINESS PROJECT CLOSED JUNE 8, 2013!

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children.

Current National Results

Basic Statistics from Completed Assessments

Annual ED Pediatric Patient Volume	Hospitals w/EDs	Average Score	Median Score	Minimum Score	Maximum Score
Low Volume (<1800 patients)	1,353	62	61	22	100
Medium Volume (1800-4999 patients)	1,043	70	70	29	100
Medium to High Volume (5000-9999 patients)	594	74	75	31	100
High Volume (>=10000 patients)	503	85	90	36	100
Grand Total	3,493	70	70	22	100

Screen shot taken 6/13/2013

Montana Results

Annual ED Pediatric Patient Volume	Hospitals	Average Score	Minimum Score	Maximum Score
Low Volume (<1800 patients)	36	54.7	27	82
Medium Volume (1800-4999 patients)	12	63.9	44	97
Medium to High Volume (5000-9999 patients)	2	N/A*	N/A*	N/A*
High Volume (>=10000 patients)	1	N/A*	N/A*	N/A*
Grand Total	51	57.5	27	97

* Fewer than 5 Hospitals

Montana results, 6/13/2013

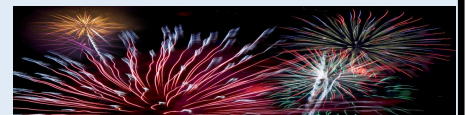
A SPECIAL SHOUT out to the Montana Hospitals that



Montana had an 85% Response Rate with 51 out of 60 hospitals assessed.

Barrett Hospital and Healthcare; Beartooth Hospital and Health Center; Benefis Hospitals; Big Horn County Memorial Hospital; Big Sandy Medical Center; Billings Clinic; Blackfeet Community Hospital; Bozeman Deaconess Hospital; Central Montana Medical Center; Clark Fork Valley Hospital; Community Hospital of Anaconda; Community Medical Center; Crow Northern Cheyenne Hospital; Dahl Memorial Healthcare; Daniels Memorial Healthcare Center; Fort Belknap - U. S. Public Health Service Indian Hospital; Frances Mahon Deaconess Hospital; Granite County Medical Center; Holy Rosary Healthcare; Kalispell Regional Medical Center; Lake Deer Health Center; Livingston Memorial Hospital; Madison Valley Medical Center; Marcus Daly Memorial Hospital; Marias Medical Center; Mineral Community Hospital; Missouri River Medical Center; Mountainview Medical Center; North Valley Hospital; Northeast Montana Health Services; Northern Montana Hospital; Northern Rockies Medical Center; Phillips County Medical Center; Pondera Medical Center; Poplar Community Hospital; Powell County Memorial Hospital; Roosevelt Medical Center; Rosebud Health Care Center; Ruby Valley Hospital; Sheridan Memorial Hospital; Sidney Health Center; St. James Healthcare; St. John's Lutheran Hospital; St. Joseph Hospital; St. Luke Community Hospital; St. Patrick Hospital and Health Sciences Center; St. Peter's Hospital; St. Vincent Health Care; Stillwater Community Hospital; Teton Medical Center; Wheatland Memorial Healthcare |

Thanks for helping to make Montana Pediatric Ready!



SUMMER TIME: SAFETY AND BOATING IN MONTANA



Boaters in Montana can borrow life jackets for kids free through a special loaner program developed by Montana's Safe Kids Campaign, and Montana Fish, Wildlife & Parks.

"This loaner program means every child can be protected when they are on or near the water," said Liz Lodman, Montana Fish, Wildlife & Parks Boating Coordinator. Montana law requires children under 12 to wear a US Coast Guard approved life jacket. A life jacket must be available for each person in the boat.

All that is required to borrow a kid's lifejacket is a driver's license and the commitment to return the life jacket to the same site at the end of a boating trip. Life jackets are available in three sizes to fit infants under 30 pounds, children 30-50 pounds and youngsters 50-90 pounds.

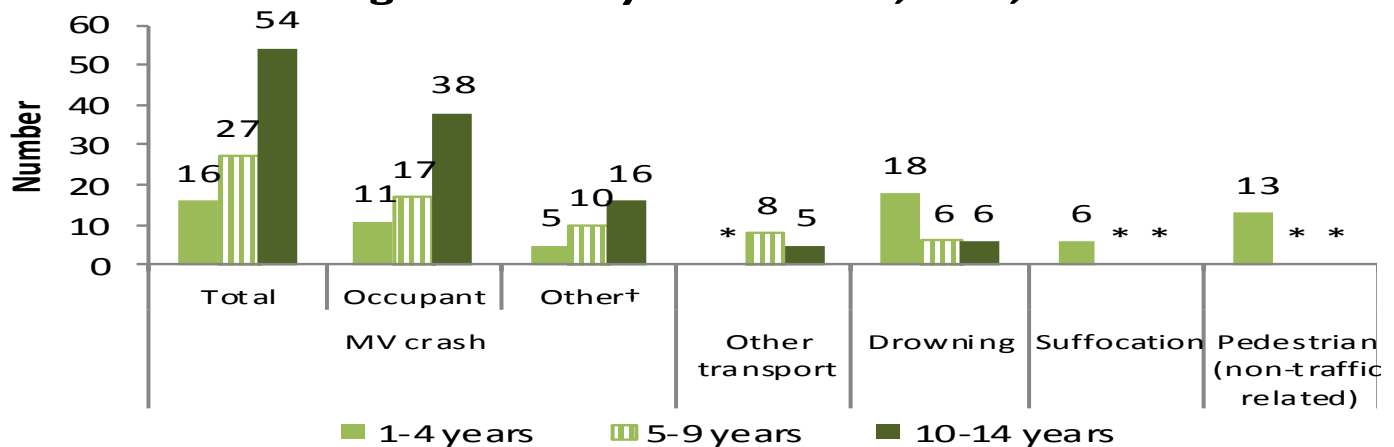
"This program works because we have loaner sites on almost all of the major waters in the state," Lodman said. "On Flathead Lake near Kalispell there are five different locations to obtain a free loaner life jacket for a child, and other major lakes and reservoirs may also have more than one site." Other waters with life jacket loaner sites include Fort Peck Reservoir near Glasgow; Lake Elmo State Park in Billings; Georgetown Lake near Anaconda; Canyon Ferry Lake near Helena; Frenchtown Pond State Park near Missoula; and numerous other sites. For details on the free life jacket loaner program, call (406) 444-9940.



MONTANA DATA— DROWNING AND OTHER UNINTENTIONAL DEATH

<http://www.dphhs.mt.gov/ems/prevention/documents/CommonInjuriesChildrenAges1to14.pdf>

Figure 2. Number of unintentional injury deaths among children by mechanism, OVS, 2000-2010



GUIDELINES AVAILABLE:

Guidelines for Improving Pediatric Patient Safety in the ED: Resources regarding the delivery of pediatric care in your emergency department that reflects an awareness of unique pediatric patient safety concerns. http://www.pediatricreadiness.org/PRP_Resources/Patient_Safety.aspx

Pediatric Resuscitation and Emergency Medications - Excel Calculator

Quick Reference Code Cards (Developed by UCLA Harbor Medical Center, these code cards include reference information about pediatric sedation, intubation, vitals, medications, equipment, EKGs, and status epileptics.)



CARE COORDINATION IN THE ED

Check out this resource. **Urgent Matters** takes on care coordination, which remains a priority in healthcare due to the potential it has to improve patient care and outcomes. The emergency department struggles with how to provide patients with the most efficient care and guide patients into the healthcare system.

Urgent Matters took an inside look at the ACEP Cost-Effective Task Force. The Task Force convened to shed light on which ED practices might be "overused." They followed up with Dr. Joseph DeLucia on community paramedicine and the different models of care that have been evolving away from the traditional EMS response model. The Society of Emergency Medicine Physician Assistants gave an overview of the best practices in vertical patient flow to address the continuing issue of ED overcrowding.

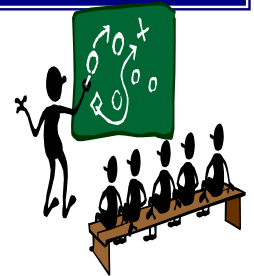
- Case Study: Cost-Effective Care Task Force ; Best Practices: Vertical Patient Flow and ED Overcrowding Innovations: What is Community Paramedicine?

- **Urgent Matters also offers webinars: <http://urgentmatters.org/webinars>**
Coordinating Care through Telemedicine

Advanced Practice Paramedic (APP): Community Para Medicine and Mobile Health Care

MEDICAL HOME OR HEALTH HOME

A medical or health home is not a physical place. Rather is it a strategy for helping people manage health better. Medical or health home provides an opportunity to coordinate care, intervene earlier, and either stabilize or even potentially reduce costs.



The primary care medical home is an ideal venue for detecting children's problems at the earliest possible age and connecting families to helpful interventions and supports outside of the primary care site, and often beyond the boundaries of the health care system to early education and family support services. It is important then that all children have a medical home, from which they can receive preventive health services and be connected to other services to ensure their healthy development.

The American Academy of Pediatrics (AAP) and its National Center for Medical Home Implementation (NCMHI) hosted a **free** four part webinar series spring 2013 on how to effectively deliver care using tools and resources supporting the medical home model. The webinars are archived.

Building on the success of two previous medical home webinar series (2009 and 2011), the NCMHI provided engaging educational "how to" presentations focused on several important facets of pediatric care delivery, including empowering youth, reducing health disparities, using data to improve quality, and employing best practices in family-centered care. For additional information, <http://www.medicalhomeinfo.org/training/cme/2013.aspx>

AUTISM PREPAREDNESS FOREMS



Autism Spectrum Disorder (**ASD**) is a grouping of three closely related developmental disabilities that are neurobiological in origin and characterized by impaired social function, impaired communication, and restrictive, repetitive interests, activities and behaviors. The three disorders are: Asperger's Syndrome, Pervasive Development Disorder, and Autistic Disorder.

Because Autism Spectrum Disorders (ASD) affects approximately 1 in 91 children and 1.5 million Americans, the likelihood of encountering a patient with an ASD is highly likely. These development disorders affect the ability to report medical conditions, regulate behavior and communicate effectively, and may require the EMS provider to take an alternate approach at assessing and treating the patient.

The “*ABC’s of Autism*” describes fundamental concepts that guide prehospital practitioners in the management of the patient with an ASD, regardless if EMS was summoned for an illness, injury or autistic crisis.

Autism EMS is an ASD preparedness resource for EMS providers and EMS physicians. Other public safety personnel and healthcare providers that may encounter persons who have an ASD on an emergency basis, such as emergency department staff, may also find the site useful. Autism EMS believe that formal training in autism preparedness with access to factual resources best prepares EMS professionals to effectively manage encounters with persons with an ASD. The site is designed to supplement, not replace, autism preparedness education and training.

However, since EMS education about autism that is supported by literature and research is not widely available and a nationally recognized standard curriculum has yet to be developed, they have attempted to ensure that the information is useful to providers who have not had the opportunity to attend a formal, comprehensive presentation on autism.

While there is little information available on autism as it applies in the emergency setting in general and in the out-of-hospital environment specifically, they have attempted to ensure that the information presented on this website is based on information that is supported by literature, evidence and best practices whenever possible.

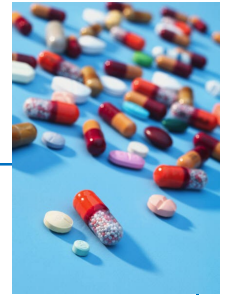
The Autism Emergency Information Kit includes several forms that will be useful if your loved one with autism becomes ill, is injured or wanders away. These forms include: Personal Medical information (PMI): Basic information about a person’s medical history, medications and allergies, as well as key demographic information that is needed to register in a hospital emergency department. Autism Emergency Information (AEI): Specific information about how the person’s autism spectrum disorder may affect the ability of a healthcare provider or rescue worker to interact with the person. The “Wander Profile”: This is a single-sided, one-page form that provides essential information to persons involved in search-and-rescue operations if the person with autism wanders. The form can be easily photocopied for distribution if needed. A map form: Grid paper is provided to assist in drawing a map of the area surrounding the home. [http://www.autismems.net/media/aek\\$20complete.pdf](http://www.autismems.net/media/aek$20complete.pdf)

If you are an EMS provider and had an encounter with a person with autism, or you are autistic and had an encounter with EMS, please take a moment to tell them about the experience - whether positive, negative or indifferent at <http://www.autismems.net/>





MORE KIDS POISONED AS MEDICATION PRESCRIBING RATES INCREASE



Researchers discovered that as more diabetes drugs, statins and other lipid-lowering medications, beta-blockers, and opioids are prescribed, more children are ingesting these dangerous medications, often resulting in a trip to the Emergency Department (Pediatrics).

More than 70,000 children in the U.S. under the age of 18 go to the ED each year because of accidental medication exposures and poisonings, the study authors noted. In the study, two databases that tracked statistics from 2000 through 2009 to compare the number of monthly pediatric poisonings with the number of prescriptions written for adults. They discovered that there was a significant association between the rising number of prescriptions and increased number of poisonings.

Children up to the age of 5 were most at risk of accidental overdose, followed by 13 to 19-year-olds. The Centers for Disease Control and Prevention reported that there was a 91 percent increase in poisoning deaths among teens 15 through 19 in April 2012, with prescription drug overdoses being the main cause. Opioids had the strongest link between increased prescription rates and increased ingestions.

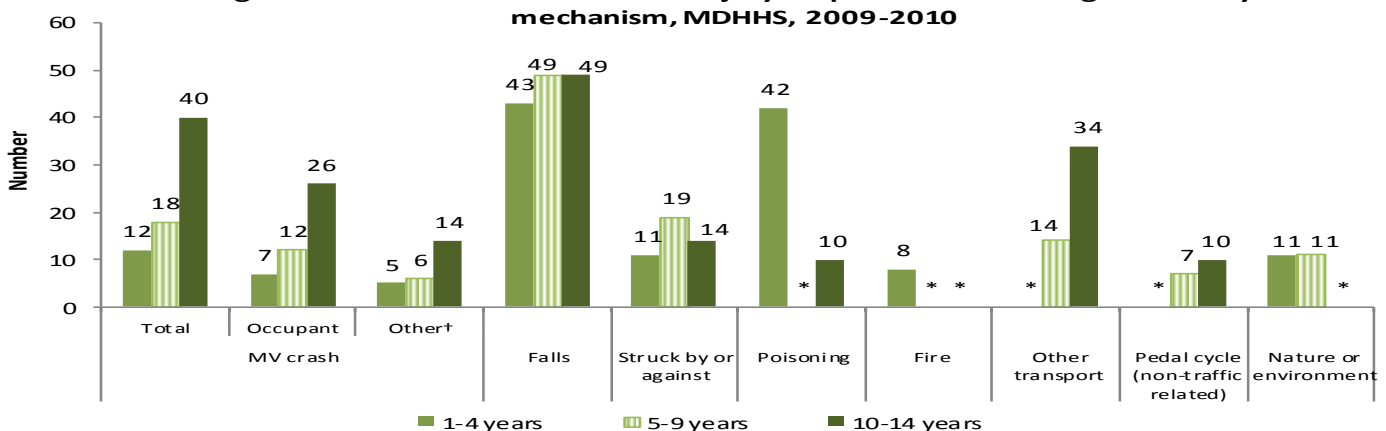
Experts state that younger kids have behaviors that are more exploratory. Children who accidentally stumble on a drug, left in a purse or on the floor, will put them in their mouth and are exposed or poisoned. Adolescents have more intentional behaviors. They are seeking out these drugs, in particular opioids, with the intent of recreational use or for self-harm.

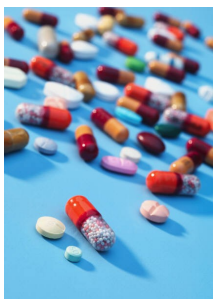
Nationally, there was a **30 percent increase in the rate of Emergency Room** visits due to medicine poisoning between 2001 and 2008, and hospitalizations increased by 36 percent. Lipid medications (60.2 percent of cases) and beta-blockers (59.7 percent) caused the most trips to the ED.

Hospitalizations happened most when kids took opioids (26.8 percent and 35.2 percent of cases involving ages 5 and under and 13 to 19, respectively) and diabetes medications (19.5 percent and 49.4 percent, respectively).

Unintentional poisoning has emerged as a major health issue making it the third leading cause of unintentional injury in Montana. The most common cause of unintentional poisoning is overdose of prescription medications (narcotics & hallucinogens) <http://www.dphhs.mt.gov/ems/prevention/documents/>

Figure 3. Number of unintentional injury hospitalizations among children by mechanism, MDHHS, 2009-2010





TAKE BACK DAYS

Montana's deadliest drugs aren't made in secret labs and they don't always come from dealers on the corner. They're in our own medicine cabinets. Each year, prescription drug abuse contributes to the deaths of more than 300 Montanans - making prescription drug abuse 15 times more deadly than meth, heroin and cocaine combined.

The Montana Division of Criminal Investigation in 2009 reported that 42 percent of the drug cases it handled involved prescription drug abuse. On average, meth, heroin and cocaine contribute to the deaths of 20 Montanans each year. Prescription drug abuse, however, is a contributing factor in the deaths of more than 300 Montanans every year. More than 63 percent of teens surveyed say prescription drugs are easy to obtain from their parents' medicine cabinets, and one in five teens reports having abused prescription drugs.

Our kids report the third-highest rate of prescription drug abuse in the country and more than half of them say prescription drugs are easier to get than street drugs. This deadly abuse happens in our own homes, sometimes with our own medication. Yet, most of us don't even know prescription drug abuse is happening — until it's too late. This is Montana's invisible epidemic.

Operation Medicine Cabinet provides grants to local law enforcement agencies to establish permanent drop boxes at secure locations, such as police or sheriff's offices, where expired prescription drugs can be deposited and safely disposed of. Montana also has implemented a statewide prescription drug registry, administered by the Montana Board of Pharmacy, where doctors and pharmacists can track prescriptions, identify drug seekers and provide better care for their patients.

The immediate success of the prescription drug drop box program shows Montanans are worried about this invisible epidemic. Operation Medicine Cabinet and events like 'Take Back Day' are great ways to keep these potentially dangerous drugs off the streets and out of the wrong hands.



Join Operation Medicine Cabinet Montana in your area.

The MT Attorney General's Office began a grant program in June 2011 to assist local law enforcement agencies in establishing permanent prescription drug drop locations. Law enforcement agencies that wish to apply for the grant may contact them to get an application.

To find a "Take Back Day" location near you, go to www.dea.gov and click on the "Got Drugs?" icon at the top of the home page.

All types of prescription drugs may be dropped off, except chemotherapy medication; pressurized or aerosol cans; and needles or other sharps.

For more information about organizing a take-back event in your community, contact the Montana Invisible Epidemic at <https://doj.mt.gov/prescriptiondrugabuse>



TRIVIA CONTEST:

First 3 to answer the questions wins a free DVD training on Child Abuse and Neglect and a sweet gift
Email rsuzor@mt.gov)

? Which cartoon character says, "What's up, Doc?" _____

? Why was William Stewart Halsted the "Mr. Clean" of medicine? _____

? How did scientist Louis Pasteur make sure the food he was served at the homes of his friends was safe to eat? _____

? What is the Latin word for 'liquid', which we use to mean the fluid, produced by the tree *Ficus elastica*? _____

TRAINING AVAILABLE

EMS ONLINE.NET

EMS Online began as an online continuing education program for EMT's in King County. The program now serves Paramedics, EMT's and Dispatchers in Washington, and has expanded to serve federal, state, local, private and international agencies. EMS Online focuses on providing high quality content, reviewed by experts in the field, allowing training officers and instructors to focus on practical skills training and assessment. The courses meet and exceed National Standards and are National Registry approved with state authorization. Each course consists of two components; the online didactic portion provided by EMS Online as well as the practical skills assessment that is completed at the agency. For additional information, please contact Michelle Lightfoot at 206-263-8585 or subscribe@emsonline.net.

MUTUAL AID FOR EMS

In collaboration with the MT Hospital Preparedness Program, the opportunity is available to get CEUs and to upgrade communications capability at the same time. To qualify for the FREE digital radio 50% of the members of the EMS agency must complete the *MUTUAL AID for EMS* on the EMS&T's LearningZen software. The radio is a Motorola XT2500 mobile radio with rear control and encryption. Go to <https://mtemergencycare.learningzen.com>.

PREHOSPITAL TRAUMA LIFE SUPPORT COURSE (PHTLS),

August 10 & 11, 2013, SUPERIOR, MT—world's premier prehospital trauma education developed in cooperation with the American College of Surgeons to promote critical thinking in addressing multi-system trauma and provide the latest evidence-based treatment practices. PHTLS is designed for both BLS and ALS providers.

Course registration forms can be found at <http://www.dphhs.mt.gov/ems/calendar/calendar.shtml#phtls> Send forms to: EMS & Trauma Systems, P.O. Box 202951, 1400 Broadway C314, Helena, MT 59620. For further information contact Shari Graham, EMS System Manager at 406-444-6098 or sgraham2@mt.gov.

FREE RESOURCES:

<http://www.cdc.gov/injury/colormesafe/index.htm>



http://www.cdc.gov/vitalsigns/ChildInjury/infographic.html?s_cid=bb-vitalsigns-123



Download Free Materials - Spread the Word Online:

[Buttons](#)

[Badges](#)

[E-Cards](#)



Other Resources

<http://hmk.mt.gov/otherresources.shtml>

<http://www.medicalhomeinfo.org/training/cme/2013.aspx> or http://www.medicalhomeinfo.org/state_pages/montana.aspx

Children's Special Health Services – MT DPHHS agency providing services for children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions.

Montana Comprehensive Health Association (MCHA) -A state program offering individual health insurance policies to eligible Montana residents who are considered uninsurable due to medical conditions.

Montana Primary Care Association (MPCA)- A non-profit organization of ambulatory health care providers whose primary purpose is to serve Montana's medical unserved and underserved residents without financial or other discrimination.

Partnership for Prescription Assistance – Montana- A program that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer

Bridge to Benefits - Montana - A web-based tool providing information and eligibility standards for a variety of assistance



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